

November 29, 2006

Director of the USPTO  
Mail Stop 16  
P.O. Box 1450  
Alexandria, VA 22313-1450

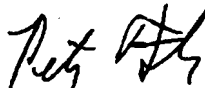
2006 DEC -4 PM 4:07

Re: Request for Refund

Dear Sir,

On November 2, 2006, an issue fee payment of \$1,700.00 for application No. 10/792,035 was made by both a deduction from a deposit account and by credit card. Receipts for both payments are attached. As there was an inadvertent double payment of the issue fee, I ask that a credit of \$1,700.00 be made to credit card account 4024 5110 0079 7670 to correct the error. Thank you for your prompt attention to this matter.

Best Regards,



Peter Foiles  
Patent Agent  
Invitrogen Corporation  
[peter.foiles@invitrogen.com](mailto:peter.foiles@invitrogen.com)

Invitrogen Corporation

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**Credit Card Payment Form**  
**(Do not submit this form electronically via EFS-Web)**  
**Please Read Instructions before Completing this Form**

**Credit Card Information**

**Credit Card Type:** ☒ Visa ☐ MasterCard ☐ American Express ☐ Discover

**Credit Card Account #:** [REDACTED]

**Credit Card Expiration Date:** [REDACTED]

**Name as it Appears on Credit Card:** *Peter G. Foiles*

**Payment Amount: \$ (US Dollars):** *1700.00*

**Cardholder Signature:** *Peter G. Foiles* **Date:** *11/2/2006*

**Refund Policy:** The USPTO may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The USPTO will not refund amounts of \$25.00 or less unless a refund is specifically requested and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

**Service Charge:** There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

**Credit Card Billing Address**

**Street Address 1:** *Invitrogen Corporation*

**Street Address 2:** *1620 Faraday Ave*

**City:** *Carlsbad CA*

**State/Province:** *CA*

**Zip/Postal Code:** *92008*

**Country:** *USA*

**Daytime Phone #:** *240 379 4173*

**Fax #:** *240 379 4670*

**Request and Payment Information**

**Description of Request and Payment Information:**

<input checked="" type="checkbox"/> <b>Patent Fee</b>	<input type="checkbox"/> <b>Patent Maintenance Fee</b>	<input type="checkbox"/> <b>Trademark Fee</b>	<input type="checkbox"/> <b>Other Fee</b>
<b>Application No.</b> <i>10/792,035</i>	<b>Application No.</b>	<b>Application No.</b>	<b>IDON Customer No.</b>
<b>Patent No.</b>	<b>Patent No.</b>	<b>Registration No.</b>	
<b>Attorney Docket No.</b> <i>0942.534005</i>		<b>Identify or Describe Mark</b>	

*If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form or submits this form electronically via EFS-Web, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.*